

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 33

Primary Registration District No. 3011

Registrar's No. 67

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Carrollton**

Length of stay in 1b
4 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Carroll Memorial Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Carroll**

c. CITY OR TOWN **Carrollton**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
201 N. Jefferson

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **HENRY** Middle **A.C.** Last **BOElsen**

4. DATE OF DEATH
Month **May** Day **24** Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2/12/1891

9. AGE (last birthday)
71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (City and state or country)
Benson, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Henry C. Boelsen

13b. MOTHER'S MAIDEN NAME

Catherine Stimpert

14. NAME OF HUSBAND OR WIFE

Nellie H. Boelsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Harold A. Boelsen, Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

General Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH
12 hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Overwhelming Pneumonia

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive heart failure -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-25-1961** to **Present** and last saw her alive on **5-24-1962**
Death occurred at **10:00** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

1407 No Jefferson Carrollton, Mo.

22c. DATE SIGNED

5-25-62

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

may 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Carrollton

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.

5-28-1962

26. REGISTRAR'S SIGNATURE

Will Morris Kelp

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.